



**IOWA
PUBLIC HEALTH
LEADERSHIP
ACADEMY**

**Iowa Public Health Leadership Academy
Session 2 Summary**

Session 2 of the Public Health Leadership Academy focused on local governance roles and responsibilities in public health. The session was framed around responsibilities that local Boards of Health have in terms of assessment, assurance, operations, policy development and relationship building. Responsibilities and action items include:

Assessment:

1. Learn about public health topics and issues
 - ❖ Action item: Invite local and state partners to share information and resources during Board of Health meetings
2. Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP)
 - ❖ Action item: Ask about your county's plans for the 2020-2025 CHNA & HIP

Assurance:

3. Enforce county and state laws
 - ❖ Action item: Review "Legal Authority of Local Boards of Health" document

Operations:

4. Understand deliverables and expectations for Board of Health contracts
5. Be aware of year to date spending for Board of Health contracts (expenses and revenues)

Policy Development

6. Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP)
 - ❖ Action Item: Ask about the current HIP in your county

Relationship Building:

7. Establish a relationship with the Board of Supervisors in your county
 - ❖ Action item: Have one Board of Health member attend Board of Supervisor meetings when information is being shared or issues arise.
8. Establish a relationship with your County Attorney
 - ❖ Action item: Invite your County Attorney to Board of Health meetings
9. Maintain a relationship with the Public Health Administrator
 - ❖ Action item: Be in regular contact with your administrator

Discussion Points with Public Health Administrator Panelists: Three public health administrators from Johnson County, Emmett County and Fayette County health departments acted as panelists during this session. For each responsibility area, the panelists discussed how their public health departments handled those responsibilities. Discussion points included:

Community Health Needs Assessment & Evaluate Services Provided:

- Each agency and BOH evaluation report and reporting styles are different, depending on if they are county based or health system based.
- Examples of evaluation and reporting from the public health agency to the Board of Health include:
 - o Annual reports on all programs combined
 - o Program specific evaluations
 - o Program unit reports every month
 - o Performance-based models with specific measurements to be tracked
 - o Community partners invited present about their programs at meetings
 - o Agency staff presenting about specific programs at meetings
 - o Sharing quality improvement reports and progress on strategic planning
 - o Sharing employee satisfaction surveys
 - o Sharing customer satisfaction/evaluations
 - o Health System Based Agencies: The Board of Health is an advisory board and all changes to policies are ultimately done by the Board of Directors from the health system, but these systems follow a CHNA-HIP structure as well and do year end reporting to see alignment with health system strategic planning and community goals.
- Board of Health/Board of Supervisors involvement in CHNA-HIP
 - o Board of Health & some Board of Supervisors can be involved in planning meetings, steering committees, etc.
 - o Boards can be briefed on the progress of the CHNA-HIP.

- Health system based: Board of Health & Board of Supervisors can be involved in CHNA-HIP, along with key hospital staff and the hospital's CHNA-HIP is involved as well.
- In summary, all agencies do program evaluations and customer service surveys and report that back to the Board of Health to help in making decisions for the community.

A Competent Workforce:

- Examples of assuring a competent workforce include:
 - Implementing a workforce development plan
 - Providing trainings/supporting conference attendance
 - Employee satisfaction surveys and employee reviews.
- County-Based Agencies: The Board of Health should:
 - Supervise the Public Health Administrator and the Environmental Health Specialist if appropriate on an annual basis
 - Approve and review annual reports, evaluations, job descriptions, etc.
- Health System Based Agencies: The Board of the Health acts in an advisory role and ultimate policy decisions are made by the Board of Directors.

Budgeting:

- Health System Based Agencies: Funding example in Fayette County
 - Public Health service funding is used for systems development, environmental change, health education, collaborative change, immunization and budgeting is in line with strategic planning,
 - Funding that comes through the Board of Supervisors goes to services that touch patients such as home care services, health promotion services, and CPR/Babysitting courses.
 - The budget is the funding that is coming in and the hospital helps to support and review the budget
 - During the budgeting process both the Board of Directors and Board of Health was involved, and there was a focus on collaboration with other services/counties so that services are not duplicated.
 - In this system, the Board of Health is reviewing specific budgets from grants, not the overall hospital budget.
- County Based Agencies: Examples from Johnson and Emmett County
 - Public health agencies share a first draft of the budget with the Board of Health and they provide feedback
 - Budget is edited, a final draft is given back to the Board of Health and voted on,
 - Budget is presented to the Board of Supervisors
 - Board of Health may be involved in presenting the budget to the Board of Supervisors with the agency.
 - Every quarter a report is sent to the Board of Health
 - Can include budget amendments to include new funding or expenses
- In summary, the hospital-based systems' Boards of Health will identify the use of those predetermined tax allocations from the county, where as the Board of Health from county-based agencies will set and approve the annual health budgets and approve the use of funds. Many policies are reviewed annually.

Policy Development:

- Examples of policy development with the Board of Health include:
 - County-Based Agencies:
 - Local Boards of Health should be reviewing and approving agency policies and identify services provided by local public health agencies within the county.
 - Responsibilities over regulations/ordinances such as quarantine, waste water regulations, etc.
 - Reviewing/giving feedback on policies such as:
 - Operational policies and/or day to day policies such as workforce development plans, quality improvement plans or ethics policies
 - Financial policies
 - Involved in the development, review and adoption of the Health Improvement
 - Policies can be developed with input from staff and then is taken to the Board and is either approved or is given feedback.
 - Health System Based Agencies: ,
 - The Board of Health is an advisory role capacity.
 - Informed of policy changes, and many times changes are brought to the BOH for discussion.

- Ultimately, the hospital's board of directors approve the policies and changes and is governed by the hospital policy, with a few additional policies being public health specific.

Working with County Departments/Leaders:

- Examples of working with county departments/leaders include:
 - County-Based Agencies:
 - For example, the County Attorney, Auditor, etc. are just a phone call away for some counties.
 - In Johnson County, County Attorney is present at each Board of Health meeting
 - Board of Health members and public health administrators may also attend Board of Supervisors meetings especially if public health issues are on the agenda
 - Working with other departments and elected officials as needed.
 - Board of Supervisors & Board of Health may have joint meetings – both boards are involved in the hiring process for the director position.
 - In Johnson County, one Board of Supervisors member may also meet with the public health agency
 - Joint meetings with the Board of Health, public health agency, and Board of Supervisors
 - Health System Based Agencies:
 - Board of Supervisors: Can be involved with the budgeting process, and a Board of Supervisors member may serve on the Board of Health.
 - Can also work with the County Emergency Management, hospital departments and other local partners.
 - In many counties, whether county based or health system based, all agencies work with community partners to assist in identifying priorities and implementing the HIP as a result of the CHNA.

Additional Questions from Participants: The following questions were posed by participants throughout the session, and answers from panelists/presenters are described below:

- Does the IDPH have a standard form to evaluate employees/administrator so as not to inadvertently ask inappropriate evaluation questions during the review?
 - Community Health Consultants can assist with this by giving examples of evaluation points/questions done by other counties. The LBOH Toolkit also has resources to assist with this.
- How are the availability of new grants communicated to local IDPH agencies? Do some of the local agencies utilize the help of grant writers?
 - Grants are communicated in several ways including listservs, iagrants.gov, communications from local partners – both public and private - and regional public health consultants from IDPH, for example.
 - Three panelists' departments generally do not utilize grant writers.
- Do Board of Supervisor representatives to the Board of Health generally volunteer to that position because of interest or is it more of a random assignment by the Board of Supervisors?
 - For those BOS members who are on both the Board of Health and Board of Supervisors, it is generally an internal process done by the BOS because a member has an interest to be that representative.
 - For general appointment to the Board of Health, some counties have an application process and others are invited.



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